

DEPARTMENT OF HEALTH AND HUMAN RESOURCES
OFFICE OF PREVENTIVE AND PUBLIC HEALTH SERVICES

INSPECTION REPORT

DH 7036 (LHS-36) R 2/79

☐ Public Rest Room
 ☐ Bus Station
 ☐ Railroad Station
 ☐ Airport
 ☐ Filling Station
 ☐ Motel
 ☐ Hotel
 ☐ Other _____

ESTABLISHMENT	TYPE		
OCCUPANT	ADDRESS		
OWNER	ADDRESS		
MANAGER	ADDRESS	NO. OF UNITS	NO. INSP.

If Item is Unsatisfactory Indicate With a Cross <input checked="" type="checkbox"/>	COMMENTS
SITE	
Clean, no refuse <input type="checkbox"/>	
Drainage <input type="checkbox"/>	
BUILDING	
Appearance (Repair and paint) <input type="checkbox"/>	
Lighting <input type="checkbox"/>	
Heating—Gas heaters vented to outside <input type="checkbox"/>	
Ventilation <input type="checkbox"/>	
Rooms—Clean (Housekeeping) <input type="checkbox"/>	
Linen—Clean <input type="checkbox"/>	
Linen—Adequate size <input type="checkbox"/>	
TOILET FACILITIES	
Accessibility, adequate number <input type="checkbox"/>	
Rooms (Clean, proper flooring covering, lighting, ventilation, screening) <input type="checkbox"/>	
Rooms (Each sex) <input type="checkbox"/>	
Urinals & water closets (Type, condition, paper) <input type="checkbox"/>	
Lavatories (Soap and individual towels) <input type="checkbox"/>	
Sewage disposal (Type, adequacy, maintenance, operation) <input type="checkbox"/>	
Approved type fixtures <input type="checkbox"/>	
WATER SUPPLY	
Approved source (Potable) <input type="checkbox"/>	
Dispensing (Type, condition) <input type="checkbox"/>	
Free from cross connection & back siphonage <input type="checkbox"/>	
Drinking fountain <input type="checkbox"/>	
GARBAGE AND TRASH	
Proper, adequate containers <input type="checkbox"/>	
Satisfactory disposal <input type="checkbox"/>	
ICE STORAGE AND HANDLING	
Properly protected <input type="checkbox"/>	
Scoops <input type="checkbox"/>	
GLASSWASHING	
If machine, give temp. and time of rinse water; manual, PPM of sanitizing solution <input type="checkbox"/>	
Adequate facilities <input type="checkbox"/>	
Proper storage and handling <input type="checkbox"/>	
Insect, rodent and roach control <input type="checkbox"/>	

ADDITIONAL COMMENTS

SANITARIAN	OWNER OR MANAGER	PARISH HEALTH UNIT	DATE
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